



# SPRAY BOOTH/OPEN SPRAY

## Section I - Facility/Application Information

1. Business Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_
2. The requested application is for a(n): \_\_\_\_\_ Date of Occurrence: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - a. ☐ New Construction
  - b. ☐ Change of Location
  - c. ☐ Modification of Equipment/Process
  - d. ☐ Existing Equipment with Expired Permit
  - e. ☐ Existing Equipment Operating without a Permit; Initial Operation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - f. ☐ Change of Condition(s); Specify the change of condition(s) requested: \_\_\_\_\_
  - g. ☐ Change of Operator; List previous name of operator and Facility ID #: \_\_\_\_\_
3. If equipment has previous written permit, list Permit Number or Device Number(s): \_\_\_\_\_
4. Are multiple applications being submitted for similar equipment (as defined in Rule 301) described below?  
☐ No ☐ Yes; If Yes, Number of Multiple Units: \_\_\_\_\_
5. Have you been issued a Notice to Comply (NTC) or Notice of Violation (NOV) for this equipment?  
☐ No ☐ Yes; NTC #: \_\_\_\_\_ NOV #: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
6. For New Construction, Modification, or Change of Location:  
Estimated Construction Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
7. For this project, has a California Environmental Quality Act (CEQA) document been required by another governmental agency? ☐ No ☐ Yes, for agency (Provide name): \_\_\_\_\_
  - a. Are you required by another governmental agency to have a permit? ☐ No ☐ Yes, for agency (Provide name) \_\_\_\_\_
  - b. Are any of these permits discretionary? ☐ No ☐ Yes; list: \_\_\_\_\_
8. Do you claim confidentiality of data? ☐ No ☐ Yes (attach explanation)
9. Is the equipment located within 1,000 feet from the outer boundary of a school? ☐ No ☐ Yes  
(If Yes, complete a. for all public or private school, grade K-12, within a 1/4 mile radius of facility property)
  - a. School Name(s): \_\_\_\_\_ Telephone No(s): \_\_\_\_\_  
School Address(s): \_\_\_\_\_

## Section II - Equipment Information

1. Include diagram of equipment and property plot plan. See Form 400-E-GI, Equipment/Process Location Drawing for more details if necessary.
2. Equipment Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_
  - a. ☐ Open
  - b. Spray Booth, check type: W \_\_\_\_\_ x L \_\_\_\_\_ x H \_\_\_\_\_  
☐ Automotive ☐ Bench Type ☐ Floor Type
3. Exhaust Fan (N/A to Open Spray): Rating: \_\_\_\_\_ HP; Fan Diameter: \_\_\_\_\_ inches
4. Exhaust Control (N/A to Open Spray):
  - a. Manometer or Draft Gauge Installed: ☐ No ☐ Yes; Pressure drop across clean filters: \_\_\_\_\_ inches of water
  - b. Filters:

Filter & Type of Material	Number of Filters	Size of Each Filter
_____	_____	Width _____ x Length _____ x Thickness _____
_____	_____	Width _____ x Length _____ x Thickness _____
_____	_____	Width _____ x Length _____ x Thickness _____
_____	_____	Width _____ x Length _____ x Thickness _____

TURN OVER AND COMPLETE

### Section III - Operation Information

1. Article Sprayed:
- |                                           |                                           |                                                    |
|-------------------------------------------|-------------------------------------------|----------------------------------------------------|
| a. <input type="checkbox"/> Aerospace     | d. <input type="checkbox"/> Motor Vehicle | e. <input type="checkbox"/> Plastic                |
| b. <input type="checkbox"/> Architectural | <input type="checkbox"/> Group I          | f. <input type="checkbox"/> Wood                   |
| c. <input type="checkbox"/> Metal         | <input type="checkbox"/> Group II         | g. <input type="checkbox"/> Other (specify): _____ |
2. For open spray operation, minimum size of articles sprayed:  
Width: \_\_\_\_\_; Length: \_\_\_\_\_ feet; Height: \_\_\_\_\_ feet
3. Method of Application:
- |                                                            |                                                             |
|------------------------------------------------------------|-------------------------------------------------------------|
| a. <input type="checkbox"/> Air Atomization                | d. <input type="checkbox"/> Electrostatic                   |
| b. <input type="checkbox"/> Pressure Atomization (Airless) | e. <input type="checkbox"/> HVLP (High Volume Low Pressure) |
| c. <input type="checkbox"/> Combined Air and Airless       | f. <input type="checkbox"/> Other (specify): _____          |
4. Gun Cleaning Method:
- |                                                          |                                                    |
|----------------------------------------------------------|----------------------------------------------------|
| a. <input type="checkbox"/> Enclosed Gun Cleaning System | c. <input type="checkbox"/> Manual Wipe            |
| b. <input type="checkbox"/> Open Flush                   | d. <input type="checkbox"/> Other (specify): _____ |
5. Disposition of Sprayed Items:      a. ☐ Air Dried, go to 6      b. ☐ Oven Dried or Baked<sup>1</sup>, complete c. and d.  
c. Oven Heating Method:      ☐ Built-in to spray booth      ☐ Separate enclosure<sup>1</sup>  
d. Oven Rating:      ☐ Electric: \_\_\_\_\_ KW      ☐ Gas Fired: \_\_\_\_\_ BTU/hr  
<sup>1</sup>A separate permit is required if dryer or oven is external. If already permitted, provide Permit Number or Device Number \_\_\_\_\_. If not permitted, please fill out Form 400-E-9.
6. Identify All Materials Applied:
- | <sup>2</sup> Type of Materials | Volatile Organic Compounds (VOC), lb/gal or gram/liter | Vapor Pressure, mmHg @ 20°C | Avg. Amount Used, gal/day | Max. Amount Used, gal/day |
|--------------------------------|--------------------------------------------------------|-----------------------------|---------------------------|---------------------------|
| Enamel                         | _____                                                  | _____                       | _____                     | _____                     |
| Topcoat                        | _____                                                  | _____                       | _____                     | _____                     |
| Primer                         | _____                                                  | _____                       | _____                     | _____                     |
| Sealer                         | _____                                                  | _____                       | _____                     | _____                     |
| Stain                          | _____                                                  | _____                       | _____                     | _____                     |
| Added Thinner                  | _____                                                  | _____                       | _____                     | _____                     |
| Clean-up Solvent               | _____                                                  | _____                       | _____                     | _____                     |
| Surface Preparation Solution   | _____                                                  | _____                       | _____                     | _____                     |
| Other: _____                   | _____                                                  | _____                       | _____                     | _____                     |
| _____                          | _____                                                  | _____                       | _____                     | _____                     |
| _____                          | _____                                                  | _____                       | _____                     | _____                     |
- <sup>2</sup> Material Safety Data Sheets (MSDS) for all coatings and solvents must be included. MSDS must include percentages of all components of coating(s) and VOC content.
7. Operating Schedule:      weeks/year \_\_\_\_\_      days/week \_\_\_\_\_  
Avg. Hrs. \_\_\_\_\_      Max. Hrs. \_\_\_\_\_

### Section IV - Applicant Certification Statement

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.  
SIGNATURE OF RESPONSIBLE OFFICIAL OF FIRM: \_\_\_\_\_ TITLE OF RESPONSIBLE OFFICIAL OF FIRM: \_\_\_\_\_

TYPE OR PRINT NAME OF RESPONSIBLE OFFICIAL OF FIRM:

RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER

DATE SIGNED:

(      )      -

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I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND CORRECT.  
SIGNATURE OF PREPARER: \_\_\_\_\_ TITLE OF PREPARER: \_\_\_\_\_

TYPE OR PRINT NAME OF PREPARER:

PREPARER'S TELEPHONE NUMBER

DATE SIGNED:

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